

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/5/60 fm

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/				51					
2		/	/	/				52					
3	/		/	/				53					
4	/		/	/				54					
5					/			55					
6					/			56					
7					/			57					
8					/			58					
9					/			59					
10					/			60					
11					/			61					
12					/			62					
13					/			63					
14					/			64					
15					/			65					
16					/			66					
17					/			67					
18					/			68					
19					/			69					
20					/			70					
21					/			71					
22					/			72					
23					/			73					
24					/			74					
25					/			75					
26					/			76					
27					/			77					
28					/			78					
29					/			79					
30					/			80					
31					/			81					
32					/			82					
33					/			83					
34					/			84					
35					/			85					
36					/			86					
37					/			87					
38					/			88					
39					/			89					
40					/			90					
41					/			91					
42					/			92					
43					/			93					
44					/			94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		/	↓	/	↓			TOTAL IND.		↓			
TOTAL DEP.	44	←	42	←		←		TOTAL DEP.		↓			
TOTAL CLAIMS	45	X3						TOTAL CLAIMS		←			